



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/15/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987004975

FACILITY NAME -> BAYSIDE CONTROLS

MAILING ADDRESS -> 27 SEAVIEW AVE
PORT WASHINGTON, NY 11050

INSTALLATION ADDRESS -> 27 SEAVIEW AVE
PORT WASHINGTON, NY 11050

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: DEFCIOGLU, N
MATERIALS MGR
BAYSIDE CONTROLS
27 SEAVIEW AVE
PORT WASHINGTON, NY 11050

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)6-1-92
JUN -1 PM 1:13**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)****A. First Notification****B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number**

NYD987004975

II. Name of Installation (Include company and specific site name)

Bayside Controls

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

27 Seaview Ave.

Street (continued)

Pt Washington

City or Town

Pt Washington

State**ZIP Code**

NY 11050-

County Code**County Name**

Nass Nassau

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

Same as above

City or Town**State****ZIP Code****V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)****(first)**

DEFCIOGLU

N

Job Title**Phone Number (area code and number)**

Materials Mgr

516-484-5352

VI. Installation Contact Address (See Instructions)**A. Contact Address**
Location Mailing**B. Street or P.O. Box**

27 Seaview Ave

City or Town**State****ZIP Code**

Port Washington

NY

11050-

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner****Street, P.O. Box, or Route Number****City or Town****State****ZIP Code****Phone Number (area code and number)****B. Land Type****C. Owner Type****D. Change of Owner Indicator****(Date Changed)**
Month Day Year

516-484-5352

P

C

Yes

No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
- ☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -
Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) -
Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxic contaminant(s))

D001 D018 D039

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Materials Mgr.

Date Signed

5/27/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)